

ZOTA 20____ - ____

Date Filed: _____

Filing Fee: \$ _____

GENERAL INFORMATION - Zoning Ordinance Text Amendment Application

1. APPLICANT INFORMATION:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

2. ATTORNEY (Or Other Representative) INFORMATION:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

3. DESCRIBE YOUR REQUESTED TEXT CHANGE: Date of Pre-application Conference: _____

Zoning Ordinance Article # _____ Specific text change proposed:

4. DESCRIBE THE JUSTIFICATION FOR MAKING THIS CHANGE: (Use attachment if necessary.)

5. SIGN THIS APPLICATION:

I do hereby certify that, to the best of my knowledge and belief, all application materials are herewith submitted, and the information they contain is true and accurate.

APPLICANT: _____

ATTORNEY (or other representative): _____

LFUCG EMPLOYEE/OFFICER, if applicable: _____